## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000009061

Entity Name: IT'S HAPPENING ON TV. INC

HOCSMAN, HERIBERTO S

MIAMI BEACH, FL 33139

420 LINCOLN ROAD SUITE 300

Name:

Address:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

		2141140 014 14, 1140.				
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
420 LINCOLN ROAD SUITE 300 MIAMI BEACH, FL 33139			SUITE 357	420 LINCOLN ROAD SUITE 357 MIAMI BEACH, FL 33139		
Current N	lailing Address	:	New Mailing	New Mailing Address:		
420 LINCOLN ROAD SUITE 300 MIAMI BEACH, FL 33139			SUITE 357	420 LINCOLN ROAD SUITE 357 MIAMI BEACH, FL 33139		
FEI Number	:	FEI Number Applied For ( )	FEI Number Not Applicab	le (X) Certificate of S	Status Desired ( )	
Name and	d Address of Cu	rrent Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
REYGADAS & ASSOCIATES, INC. 420 LINCOLN ROAD SUITE 300 MIAMI BEACH, FL 33139 US			420 LINCOLN SUITE 357	REYGADAS & ASSOCIATES, INC. 420 LINCOLN ROAD SUITE 357 MIAMI BEACH, FL 33139 US		
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its re	egistered office or registe	ered agent, or both,	
SIGNATUI	RE:			04/26/2007		
	Electronic	Signature of Registered Age	ent	Date		
Election Ca	mpaign Financing 1	rust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D RUBINSTEIN, BEI 420 LINCOLN RO MIAMI BEACH, FL	RNARDO AD, SUITE 300	Title: Name: Address: City-St-Zip:	()Change ()Add	lition	
Title: Name: Address: City-St-Zip:	VP () D REYGADAS, JOS 5466 SW 187 TEI MIRAMAR, FL 33	E A RRACE	Title: Name: Address: City-St-Zip:	()Change()Add	lition	
Title: Name: Address: City-St-Zip:	VP () D RUBINSTEIN, ALE 420 LINCOLN RO MIAMI BEACH, FL	EJANDRA AD, SUITE 300	Title: Name: Address: City-St-Zip:	( ) Change ( ) Add	ition	
Title:	VP ()D	elete	Title:	( ) Change ( ) Add	lition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE REYGADAS MR 04/26/2007